

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006711

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 771

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
2044.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Wheatley

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2616 E 34 th

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Mattie Smith

4. DATE OF DEATH  
Month Day Year  
2 6 62

5. SEX  
Female

6. COLOR OR RACE  
Negro

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
11-23-13

9. AGE (last birthday)  
49 48

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Housewife

11. BIRTHPLACE (City and state or country)  
Columbia, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

George T. Coats

13b. MOTHER'S MAIDEN NAME

Maggie Wynn

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) (If yes, give war or dates of service)  
No No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sylvester Norris 1622 E 22nd St

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Constrictive Heart Failure  
and overproliferative pulmonary edema  
and left sided failure  
Atherosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
Neither ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
none

20c. TIME OF INJURY  
Hour m. p.  
none

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
none

20f. CITY, TOWN, OR LOCATION  
K.C. Jackson, Missouri

21. I attended the deceased from Feb 1, 62, to Feb 6, 62 and last saw her alive on Feb 6, 62  
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

John H. Wells MD

3718 Prospect

Feb 8, 62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
2-10-62

23c. NAME OF CEMETERY OR CREMATORY  
Blue Ridge Lawn

23d. LOCATION (City, town, or county)  
Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Jones & Stevens 2315 Linwood

2-9-62

Ruth Long

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Lester A. Jones  
Licensed Embalmer No. 4439

P. O. Address 2315 1/2 1st St  
K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.